

**NEVADA STATE DEPARTMENT OF AGRICULTURE**

**AERIAL / AG. GROUND CUSTOM PEST CONTROL BUSINESS LICENSE APPLICATION**

Applicant: A. Individual: \_\_\_\_\_  
B. Partnership: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
C. Corporation: \_\_\_\_\_

Doing-Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

Nevada Mailing Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

Out-of-State Mailing Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**LICENSE CATEGORIES**

<u>A. AERIAL</u>	<u>APPLIED FOR</u>	<u>APPROVED</u>
1. Insecticides .....	G	G
2. Herbicides.....	G	G
3. Desiccants & Defoliant...G	G	G
4. Fungicides & Bactericides.G	G	G

<u>B. AG.GROUND</u>	<u>APPLIED FOR</u>	<u>APPROVED</u>
1. Insecticides .....	G	G
2. Herbicides.....	G	G
3. Desiccants & Defoliant....G	G	G
4. Fungicides & Bactericides...G	G	G
5 Rodenticides.....	G	G

**FEES**

Business License Fee (Applicant)..... 1 x \$250.00 = \$250.00

EACH Principal and Operator..... x \$ 50.00 = \$ \_\_\_\_\_

EACH Agent..... x \$350.00 = \$ \_\_\_\_\_  
(Number)

\$ \_\_\_\_\_ TOTAL FEES (Double Check)

Number of Business Locations in Nevada: \_\_\_\_\_ (indicate total number of business locations in Nevada).

Address of Business Location #1: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List Name(s) of Principal(s) Responsible for Business Location #1:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**AERIAL EQUIPMENT**

<u>Type or Make of Aircraft</u>	<u>"N"</u>	<u>Hopper or Tank Capacity</u>	<u>Pressure (PSI)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Return this application to: Nevada Department of Agriculture, 2300 McLeod Street, Las Vegas, Nevada 89104-4314; Phone (702) 486-4690

**-----FOR DEPARTMENTAL USE ONLY-----**

Insurance Checked By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Issued By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt Number: \_\_\_\_\_

Lic. Status: ☐ New, ☐ Renewal Permanent Lic. Number: \_\_\_\_\_ Departmental Number: \_\_\_\_\_

**PRIMARY PRINCIPAL AND/OR PRINCIPAL INFORMATION**☐ Primary Principal or ☐ Principal:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Are You A Nevada Resident? G Yes G No

NV. Drivers License Number \_\_\_\_\_

FAA Licenses; Ratings: \_\_\_\_\_

Aircraft Pest Control Hours: \_\_\_\_\_

(Departmental Use Only, Lic.#: \_\_\_\_\_)

**YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!**☐ I am not subject to a court order for the support of a child.☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.

Applicant's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Aerial				Agricultural Ground					Urban/Structural						
A1	A2	A3	A4	B1	B2	B3	B4	B5	C1	C2	C3	C4	C5	C6	C7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPERATOR LICENSING INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

FAA Licenses; Ratings: \_\_\_\_\_

Aircraft Pest Control Hours: \_\_\_\_\_

(Departmental Use Only, Lic.#: \_\_\_\_\_)

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Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Aerial				Agricultural Ground					Urban/Structural						
A1	A2	A3	A4	B1	B2	B3	B4	B5	C1	C2	C3	C4	C5	C6	C7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AGENT LICENSING INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

FAA Licenses; Ratings: \_\_\_\_\_

Aircraft Pest Control Hours: \_\_\_\_\_

(Departmental Use Only, Lic.#: \_\_\_\_\_)

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Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Aerial				Agricultural Ground					Urban/Structural						
A1	A2	A3	A4	B1	B2	B3	B4	B5	C1	C2	C3	C4	C5	C6	C7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>